Feedback Strategies to Promote Reflective Learning & Practice

Presenters

Karen Spear Ellinwood, PhD, JD
Director
Faculty Instructional Development
Office of Medical Student Education
Assistant Professor, Department of Obstetrics & Gynecology
Session Objectives

Describe an approach and strategies for engaging students in effective feedback conversations aimed at promoting reflective practice.

Practice strategies for addressing challenges that arise in discussing feedback with students.

Evaluate feedback according to these strategies and approach.
<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation tells the learner whether they performed well or poorly, or somewhere in between.</td>
<td>Feedback describes relevant, observable behaviors and explains why these constitute sufficient performance (or not).</td>
</tr>
<tr>
<td>Great job!</td>
<td>You listen attentively to patients and respond to what they tell you; you use images or animations to explain conditions or disease processes.</td>
</tr>
<tr>
<td>Performance could be improved.</td>
<td>Feedback also may include evaluative remarks.</td>
</tr>
</tbody>
</table>
Feedback Conversation No. 3

When giving feedback be sure to Describe Relevant, Observable Behaviors

- Great student!
- Strong student
- Doesn’t smile enough
- Always brings a smile
- Outstanding patient rapport
- Excellent fund of knowledge
- Would be a great team member
- Good fit for residency
- Seemed a little nervous on this shift early in the month

Before ending right there, ask yourself:

- Is it observable (able to be documented or measured)? What does it mean to you? What might it mean to the student?
- Is it relevant to a specific expectation of performance? (e.g., learning objective; educational goal; established protocol)
Reflective Feedback Conversations

“Feedback is fundamental to effective clinical teaching and supervision of learners” (Cantillon & Sargeant 2008, 1294).
Reflective Feedback Conversations

“Feedback is fundamental to effective clinical teaching and supervision of learners” (Cantillon & Sargeant 2008, 1294).
"Reflection is particularly important in medicine" where physicians are required to "analyze best evidence while considering his or her values and assumptions vis-à-vis the values, beliefs, and goals of each patient."

Plack & Greenberg (2005, 1547)
Why not?

Saving face often becomes the focus of applying the feedback sandwich model. Instructors shy away from being too critical, and learners tend to ignore the middle and pay attention to what comes first and last – the good stuff. – The real answer is, it depends....
Factors affecting delivery of feedback

- Some factors are within your control - Some are not
- Awareness is key to help address any challenges or conflicts as they arise

- Rapport with student
- Educator-related factors
- Gravity of situation triggering feedback
- Student related factors
Factors affecting delivery of feedback

- Some factors are within your control - Some are not
- Awareness is key to help address any challenges or conflicts as they arise

Direct Conversational Style

Indirect Conversational Style
Factors affecting delivery of feedback

- Some factors are within your control - Some are not
- Awareness is key to help address any challenges or conflicts as they arise
Prepare the Student to have a Reflective Feedback Conversation

- **Why does it matter?**

- The student will
  - know WHAT you want to talk about BEFORE the conversation;
  - Have time to reflect on the event or behavior, allowing them to actively participate; and
  - Anticipate HOW you expect them to engage DURING the feedback conversation.
Being Explicit About Giving Feedback and the Process

- I’d like to give you feedback on ______________
- I want this to be a conversation, not me just telling you how I think you did
- Please feel free to correct me if I’ve misunderstood anything
- I also want to hear your perspective on what you did well and where you think you might need some guidance for improvement. That will help me to help you.
Invite Self-assessment

- Helps establish common ground
- Gives the student an opportunity to reflect on
  - Performance
  - Expectations for performance (their own & yours)
- Possible error
- Enables you to assess the student’s awareness, attentiveness expectations and performance
When inviting self-assessment we can ask students to...

**Comment on ...**
- What they did well
- What they feel less confident about doing
- Challenges they faced
- How they addressed those challenges
- Difficulties encountered in attempting to address them
- Progress they’ve made (within or across clerkships)

**Identify Goals ...**
- Goals for next block or clerkship (or the remaining time in block or clerkship)
- What they would like to improve
- What kind of support they might want or need to help them achieve their goals
Students have practice with reflection

- Reflection on the **Case**
- Reflection on **Process**
- Reflection on **Self**
- **Advice** for Future Problem-solving

- In the future I am planning on concentrating harder on determining what tests I would like to run and why.
- In the future, I’d like to use this case to remind me to consider all systems when coming up with a differential and, again, to not ignore the details.
Students have practice with reflection

- Reflection on the Case
- Reflection on Process
- Reflection on Self
- Advice for Future Problem-solving

This was a challenging problem which provided a good example from which we could investigate multiple aspects of the case including drug-supplement interactions, test results (i.e., low phosphate, Ca++, high PTH), and items on our differential.
Students have practice with reflection

• Reflection on the Case
• Reflection on Process
• Reflection on Self
• Advice for Future Problem-solving

• It was tricky to think of the underlying problems in this case vs. looking at the symptoms individually and wondering if they are the problem themselves or a symptom of a bigger problem...
Students have practice with reflection

- Reflection on the **Case**
- Reflection on **Process**
- Reflection on **Self**
- **Advice** for Future Problem-solving

- I get easily frustrated and start jumping to conclusions.
- I zeroed in on one hypothesis and didn't explore other hypotheses to explain her pain. I failed to think about other reasons she might have had such an early onset of decreased bone mineral density.
Students have practice with reflection

- Reflection on the **Case**
- Reflection on **Process**
- Reflection on **Self**
- **Advice** for Future Problem-solving

- In the future I am planning on concentrating harder on determining what tests I would like to run and why.
- In the future, I’d like to use this case to remind me to consider all systems when coming up with a differential and, again, to not ignore the details.
To be helpful compliments as well as corrective remarks must include or reference a description of relevant observable behaviors. These may be provided or elicited from the learner.
Offer Constructive Compliments & Correction

- Both constructive compliments and correction include a description of relevant, observable behaviors with evaluative remarks (e.g., great job! Needs improvement).
- **Constructive correction** refers to providing feedback on specific behaviors that do not fall within established expectations.
- **Constructive compliments** consist of statements that describe behaviors that met or exceeded established expectations.
Feedback Conversation No. 1

Advising learners is to offer guidance for improvement.

Suggestions for change in practice or behavior may be delivered in words, through modeling correct procedures or protocols, or referring the student to someone who can provide a good model or pertinent resources.
Reflective Feedback Conversations
An Approach to Giving Constructive Feedback

“Feedback is fundamental to effective clinical teaching and supervision of learners.”

“The reflective feedback conversation approach encourages the development of the learners' ability to self assess and leads to a shared view of what the agreed improvements will look like. With practice, this strategy can be done quickly and can be routinely incorporated into clinical teaching and learning.”

(Cantillon & Sargeant 2008, 1294)
Frame Feedback in light of Established Expectations for Student Performance

- Remind students of expectations when you’re giving feedback and/or where they may seek resources to clarify these.
- Connect relevant, observable behaviors directly to these expectations.
- Explain how performance met, departed from or went beyond expectations.
Reflective Feedback Conversation

- Invite Self-assessment
- Describe Relevant, Observable Behaviors
- Constructive Compliments
- Constructive Correction
- Advise
Feedback Conversation No. 4

PRACTICE

Work with someone next to you to evaluate the feedback scenario using the reflective feedback conversation model

• Were the essential elements addressed?
• What did the instructor do well?
• What could have been done better?
• Be specific; provide rationale

• Advice - Suggestions

Share your insight with the group
Addressing Challenges

Linguistic, Clarifying & Reflective Strategies
Addressing Challenges

What about students who...

- Get upset (sad, angry) when you politely give them feedback?
- Do not seem to understand your concerns about their behavior / performance?
- Don’t follow through with suggestions for improved performance?
Strategy for Non-receptive students – Adapt Pronouns to Modulate Reception

You statements

I statements

We / It statements
Gaining in the Translation

You statements

- When positive ...
  - Make students feel great about their performance
- Demonstrate you’re thinking of the student’s perspective
- When not positive, might cause some students to react emotionally (upset, embarrassed, angry)

I / We / It Statements

- Reduce the likelihood of a recipient of feedback feeling anxious, nervous, embarrassed
- Enable students to “hear” you
- Encourage Reflection on performance
  - Self-assessment
  - Student-generated strategies for improvement
Gaining in the Translation

You Statement

 You didn’t follow the correct sequence for case presentations. You need to alert us to the chief complaint first.

 Your questions were a bit confusing. I think that’s why the patient got off track.

 Your voice is so hard to hear.

Translation

 The chief complaint was buried in the middle of the case presentation. The general practice is to make a concise statement - before getting into other details, of who the patient is and why they’re here to orient the attending or colleague with whom we are consulting.
Strategy for Disconnects – Invite Consideration of Another Perspective

- If a student does *not* seem to understand the instructor’s concerns for their behavior/performance...

- We can invite them to consider the situation from the perspective of:
  - The Patient
  - The resident or attending who might be supervising them directly
  - Your role

- Ask the student to
  - *Articulate* patient expectations for student’s performance
  - *Examine whether* their performance is meeting those expectations, and
  - *Describe how* the procedure, exam, interview, etc. could be performed to meet patient’s expectations.
Strategy for Addressing Lack of Follow Through – Think Alouds & Re-establish Plans

- Establish LACK of follow through
- Explore REASONS for failure to follow through
- Explore Student UNDERSTANDING
- Establish PLAN for improvement
- Schedule FOLLOW-UP meeting to discuss progress
RIME – As a Framework for Re-establishing Expectations

**R**
- Reporter gathers and reports data

**I**
- Interpreter interprets information from patients, labs, history; Applies MK, Weighs evidence

**M**
- Manager organizes & manages information and resources; prioritizes DDx in re: evidence; suggests appropriate considerations for plan of care

**E**
- Educator articulates what is known, determines what needs to be known, conveys MK in understandable terms to patients and colleagues

Feedback References


Educational Frameworks

- Pangaro LN. A New Vocabulary and Other Innovations for Improving Descriptive In-Training Evaluations. Academic Medicine 74:11 (November); 1999.
Communication References

- Kofman F. Authentic Communication: Transforming Difficult Conversations in the Workplace; 2014.
FID Resources Online

Residents as Educators Resources

Faculty Instructional Development website